PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/014,676			Filing Date 12/11/2001		☐ To be Mailed	
	AF	PLICATIO	N AS FILEI		SMALL ENTITY			OTHER THA					
FOR			NUMBER FIL	<u> </u>	(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)		FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		- N/A		N/A			N/A			
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A		·	N/A			
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))			N/A		N/A		N/A			N/A		•	
TOTAL CLAIMS (37 CFR 1.16(I))			min	us 20 = *	•		x \$ =		OR	x \$ =			
INDEPENDENT CLAIMS (37 CFR 1.16(h))			ml	nus 3 = *	•		x \$ =].	x \$ =			
☐APPLICATION SIZE FEE (37 CFR 1.16(s))			heets of pape \$250 (\$125 dditional 50 s	er, the applicat for small entity theets or fracti	I drawings exceed 100 pplication size fee due II entity) for each r fraction thereof. See and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If I	the difference in colu		TOTAL			TOTAL		•					
APPLICATION AS AMENDED — PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	01/30/2007	CLAIMS REMAINING AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)		DITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 21	Minus	·· 21	= 0	1	x \$ =		OR	X \$50=		0	
	Independent (37 CFR 1.16(h))	• 3	Minus	***3	= 0		x \$ =		OR	X \$200=		0	
		ze Fee (37 CF	R 1.16(s))										
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL TOTAL ADD'L OR ADD'L FEE FEE			0			
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	IG 	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	AD	DITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))		Minus	<i>I</i>	=		x \$ =		OR	x \$ =			
	Independent (37 CFR 1.18(h))		/ Minus	3	=]	x \$ =		OR	x \$ =			
	Application Size Fee (87.0FR 1.16(s))						•	-					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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